



Application Checklist

Community Oriented Policing Services

www.usdoj.gov/cops/

COPS Mental Health and Community Safety Initiative

Applications without these documents will not be considered. Please send the **ORIGINAL** application and **TWO COPIES** to the COPS Office by **May 26, 2000**.

- ☐ **Application Form**
Original signatures are required.
- ☐ **Budget Detail Worksheets**
MUST be completed itemizing each requested item.
- ☐ **Assurances and Certifications**
Both forms must be completed and signed. Please provide original signatures.
- ☐ **Consortium Information** (if applying as a Consortium)
Must include documentation addressing the consortium criteria outlined in the Application Instructions.
- ☐ **Retention Plan** (if requesting officers)
Must be on department letterhead and contain original signatures of both the Law Enforcement Executive and the Government Executive.
- ☐ **Waiver Information** (if requesting a waiver of the local match)
 - Must be on department letterhead and contain original signatures of both the Law Enforcement Executive and the Government Executive.
 - Must include documentation addressing the waiver criteria outlined in the Application Instructions.

Remember:
Forms on
This Side
Must Be
Returned.

Applications must be **postmarked by May 26, 2000**. Send your original completed application and two copies to:

COPS Mental Health and Community Safety Initiative Control Desk
Office of Community Oriented Policing Services
U.S. Department of Justice
1100 Vermont Avenue, N.W., 8th Floor
Washington, DC 20530
(For overnight delivery, please use 20005 as the zip code)

Fax copies will not be accepted.